

## **"Customized Care"**

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With the help of computer designed support materials, such tasks as ordering food in a restaurant, remembering doctors appointments, and conversing with family members are less daunting for patients recovering from head injury or stroke.

Personal communication planners, daily organizer programs and customized patient worksheets can be used to facilitate recovery, according to Susan Howell Brubaker, MS, CCC-SLP, assistant director of Speech and Language Pathology at William Beaumont Hospital, in Royal Oak, MI and author of the "Sourcebooks for Speech, Language and Cognition: Stimulus Materials for Rehabilitation I, II, and III [Detroit: Wayne State University Press, 1992 (I,II) and 1994 (III)].

For example, people who are redeveloping their communication skills after a neurological insult can use the planners to ease their re-entry into the workplace.

Brubaker may see patients at bedside to start the process of developing a planner, but most of the patients are in out-patient rehabilitation or are receiving home care. 'These are the people who often will need these tools for the long term,' she said.

Communication increases among the patients who use them, she reported. 'Many times they don't want to go out or order in a restaurant, but they can use the planner and point to what they need.'

Before she designs a personalized functional communication planner for a patient, Brubaker asks family members to supply information about the names of family members and friends. Family members also inform Brubaker of the patient's likes, dislikes, daily routine and basic needs. One person may only need a word list or list of functional phrases as a reminder, while others may require additional information.

Once she has gathered personalized information, Brubaker compiles word and name lists and maps to stores and businesses related to the patient's daily life. Brubaker adds this information to the planner as reference tools.

She also adds this information to a computerized database that contains files for each patient. The database makes it easier for Brubaker and her colleagues to create new planner pages for patients as their skills improve and their communication needs change.

Family members also contribute photographs to the planner. Using a digital scanner, the photographs can be scanned directly onto the pages of the planner. The scanner allows Brubaker to erase areas of photographs that are visually confusing or contain irrelevant objects.

After their planners are completed, patients and family members attend group sessions led by speech-language pathologists to learn how to use them. These sessions have been instrumental in generating patient acceptance of the planners.

...The planners are functional tools for her patients, who lack the language and cognitive ability or visual perception necessary to use a more technical augmentative and alternative communication device.

'AAC devices can be overwhelming,' she said. 'Some of them are very complex.'

Brubaker has had requests from family members and people in the early stages of AD to expand use of the personal communication planners to patients with AD and other memory problems. A planner for these patients would be more of a 'this is your life' book, containing more digital photographs of the patient's environment, relatives and personal events than word lists.

Patients with head injury or stroke who have successfully used the functional communication planner may advance to using a daily organizer.

'Many of our patients are going back to work but have difficulty sequencing their day and remembering appointments,' Brubaker said. 'The daily organizer is similar to a planner, but it is customized to the patient and involves training.'

To develop a daily organizer program, Brubaker gives questionnaires to patients and family members to check off important activities that need to be remembered. Activities may include taking medication, going to work, taking care of a

child, and handling financial matters. Patients and family members also note whether lists of appointments, responsibilities and phone numbers are needed.

Brubaker uses this information to create pages similar to those of conventional planners. She adds notes at the times when activities are scheduled. The patient learns to fill in the times with daily events.

Sequential lists of specific daily routines - such as making meals, participating in a meeting, or taking phone messages - are included in one section of the organizer.

To promote the carryover of communication skills that are developed through the use of notebooks and organizers, clinicians can use software such as Brubaker on Disk: Database of Customized Language and Cognitive Exercises, which was written by Brubaker and published by Parrot Software, in West Bloomfield, MI.

'Many clinicians use pages from different workbooks,' Brubaker said. 'If they could enter parameters for what they want, such as a simple sequencing activity in large print, they could have the computer generate worksheets to give to their patient.'

The software features 1,500 exercises and allows for parameters to be set according to each patient's specific needs, she explained. 'Because the clinician is choosing exactly what the patients need, they work on their deficit areas and outcomes improve.'

She and her colleagues at William Beaumont Hospital use the computer program as an adjunct to regular therapy. If outpatients come in for therapy once a week, they may receive many worksheets as a home program to supplement their therapy...

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